

Employer Declaration of Declination Form

(Employers over \$25,000 in estimated annual premium and not represented by broker)

I declare that I attempted to secure a policy of workers' compensation insurance from and was declined coverage by:

Insurer, Agency or Managing General Agent (MGA) ¹ if applicable	Date	Time
First Name	Last Name of Underwriter/Carrier Representative	
Location	Area Code	Telephone Number
Reasons given for declining to quote your business for declination		
<hr/>		
<hr/>		
<hr/>		

Insurer, Agency or Managing General Agent (MGA) ¹ if applicable	Date	Time
First Name	Last Name of Underwriter/Carrier Representative	
Location	Area Code	Telephone Number
Reasons given for declining to quote your business for declination		
<hr/>		
<hr/>		
<hr/>		

Insurer, Agency or Managing General Agent (MGA) ¹ if applicable	Date	Time
First Name	Last Name of Underwriter/Carrier Representative	
Location	Area Code	Telephone Number
Reasons given for declining to quote your business for declination		
<hr/>		
<hr/>		
<hr/>		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Date _____ and Place _____ where signed

Signature _____

Print Name _____

¹ Please indicate in your response whether person was with insurer, agency or MGA.